

REPUBLIC OF RWANDA



MINISTRY OF HEALTH
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**IMPLEMENTATION GUIDELINES FOR THE PRIME MINISTER'S INSTRUCTIONS
No 001/03 of 01/09/2020 DETERMINING ORGANISATIONAL STRUCTURE, SALARIES
AND FRINGE BENEFITS FOR EMPLOYEES OF REFERRAL HOSPITALS,
PROVINCIAL HOSPITALS, DISTRICT HOSPITALS, SPECIALIZED HOSPITALS,
MEDICALIZED HEALTH CENTERS AND HEALTH CENTERS**



List of Acronyms

OB: Ordinary Budget

DH: District Hospital

IGR: Internally Generated Revenues

PH: Provincial Hospital

DP: Development Partners

RH: Referral Hospital

HC: Health Centre

MHC: Medicalized Health Center

SPHOP: Specialized Hospital

1. Introduction

The National Strategy for Transformation 1 (NST 1) emphasizes on increasing the capacity, quality of specialized health personnel and improving the quality of health care as a focus of the Health sector. Rwanda's fourth Health Sector Strategic Plan 2018-2024 (HSSP IV) includes a strategic goal of having a qualified, competent, motivated and equitably distributed health workforce that is able to deliver quality health services. In addition, Human Resources for Health (HRH) has been identified as the most critical constraint in achieving the well-being targets set forth in Sustainable Development Goals (SDGs).

The deployment and effective use of the health workforce is paramount to ensure an efficient service delivery in terms of cost, quality and quantity. Inadequate health workforce deployment may result in an oversupply or shortage of clinical staff and this usually leads to both inappropriate use of resources and poor health services to the population. Furthermore, inadequate staffing of Health Facilities results into overload of the available staff and physical exhaustion that may result into compromising quality of care and patient safety.

As part of the ongoing efforts to restructure the Health sector and improve health care quality, the Government of Rwanda revised the Health Facilities' organizational structures and issued the Prime Minister's instructions No 001/03 of 01/09/2020, Determining Organizational Structure, Salaries and Fringe Benefits for Employees of Referral Hospitals, Provincial Hospitals, District Hospitals, Specialized Hospitals, Medicalized Health Centers and Health Centers.

These guidelines provide guidance on deployment of clinical and non-clinical staff in Health Facilities and clarify the roles and responsibilities of relevant ministries and Health Facilities involved in the implementation of the aforementioned Prime Minister's instructions.

2. Definition of terms

1) Public Servant:

Any person with a permanent job position or working on employment contract in public service and who is paid on the public funds.

2) Contractual Staff:

An employment contract is an agreement between an employer and an employee whereby an employee undertakes to work under the authority of the employer in return for remuneration. Here this employee is called contractual staff.

3) Clinical Staff:

Are persons who work in a hospital whose duties include the personal care or medical treatment of patients. These includes, but is not limited to, credentialed physicians, physicians' assistants, nurses,



nursing aides, medical technicians, therapists, and other individuals involved in the personal care or medical treatment of patients.

4) Non-clinical staff:

Are the persons that do not offer any sort of medical attention, or testing. It consist of medical billing and coders, receptionists, hospital executives, transcriptionists, and anyone who works as a support staff at a hospital such as Human Resources, IT, administrative assistants, etc. This category includes a range of different careers that are critical to the effective running of the healthcare services even though they are not directly involved in a patients care.

5) Health Facility:

A health facility is, in general, any location where healthcare is provided. Health facilities range from small clinics and doctor's offices to urgent care centers and large hospitals with elaborate emergency rooms and trauma centers.

3. Purpose

The purpose of these guidelines is to provide guidance for implementation of the approved structures.

3.1. Scope of the Guidelines

The guidelines shall be used as a tool to help all stakeholders to have a comprehensive overview of the structures and facilitate their implementation.

3.2. Criteria for determining number of positions in the structures

The criteria used for the development of health facilities structures was based on the documents "*Politique et Normes de service de santé*", Workload Indicator Staffing Needs (WISN) Report and the health facilities data according to the Health Management Information System (HMIS) as follow:

- The service utilization per health facility (number of consultations, surgical volume (major surgeries), deliveries, laboratory tests and Gender Based Violence (GBV) cases);
- Service package of each category of Health Facilities;
- Shifts for working hours for the Health Professionals;
- Number of working days per year;
- Beds capacity per health facility;
- Standard time to perform a procedure or act by a health professional.



4. Implementation framework

4.1. Progressive staffing

The approved structures shall be implemented progressively in five years based on the aforementioned criteria.

4.2. Sources of Funding

The Health Facilities organizational structures will be funded by three main sources: Ordinary Budget, Internally Generated Revenue of Health Facilities and Grants from Development Partners.

- Ordinary Budget (OB): A ten percent (10%) increase on the wage bill from OB of the previous year shall be applied each year to finance new recruitments. Any additional cost to the existing wage bill resulting from either new establishment of new health facilities or staff acquired benefits like horizontal promotions shall be calculated and funded separately;
- Internally Generated Revenues (IGR) from Health Facilities: Three percent (3%) increase on the wage bill from internally generated revenues in the previous year shall be applied each year.
- Development Partners (DP): Their contribution remains constant every year considering the unpredictability of the external funding;

5. Roles and Responsibilities

The roles and responsibilities of all stakeholders to implement these guidelines are as follows:

5.1. Roles and Responsibilities of Districts

1. In collaboration with faith based health facility owners, compile and submit through health committees to MINISANTE the list of the required staff for the following financial year in line with the planning and budgeting process (End February of each year). The request should include a deep analysis report on workload which include service utilization (outpatient visit, deliveries, bed occupancy rate, average length of stay, number of both minor and major surgeries) vis-a-vis current and need number of staff
2. Ensure in collaboration with health committees and faith based health facility owners that, the required annual budget share from internally generated revenues (IGR) that fund staff salaries are generated by health facilities;
3. Sensitize and provide continuous support to Health Facilities under Districts to improve the internal income generation;
4. To ensure the mandatory use of the SMARTHR for all staff or any other employee management system by the Health Facilities.

5.2. Roles and responsibilities of the Ministry of Health

1. Appoint all clinical staff to be paid from OB according to workload analysis from the request of the district;

2. Recommend to the districts clinical staff drawn from MOH database to be paid by DPs and from IGR according to workload analysis from the request of the district;
3. Assess the staff required in collaboration with the districts and agree on the availability of funds and their use especially with regard to the payment of salaries and subsequently prepare for joint committee technical work;
4. Earmark health staff salaries and fringe benefits for employees of Health Facilities;
5. Provide coordination and alignment of Development Partners support to the implementation of the approved structures in line with the districts' staff need;
6. Monitor and ensure the implementation of progressive staffing in compliance with the approved structures;
7. Provide an annual progress report on the implementation of progressive staffing to all stakeholders.
8. In case of new health facility, to work with MIFOTRA and MINECOFIN on the required structure to guide financing and staffing.

5.3. Roles and responsibilities of the Ministry of Finance and Economic Planning

1. Provide budget for salaries and fringe benefits for employees of Health Facilities and ensure the 10% annual increase of the wage bill from OB of the previous year to allow recruitment of new health staff in line with the approved structure;
2. Provide additional budget to cover horizontal promotion for qualifying staff on top of the 10% annual increase
3. In case of new health facility, to work with MIFOTRA and MINISANTE on the required structure to guide financing and staffing.
4. Provide additional budget required for salaries and fringe benefits of any new health facility;
5. Facilitate the sector to access and generate comprehensive reports from Integrated Financial Management Information System (IFMIS) for better monitoring and oversight.

5.4. Roles and Responsibilities of the Ministry of Public Service and Labor

1. Provide authorization on the placement of all clinical staff to be paid by DPs on contractual basis;
2. Provide authorization on hiring support staff to be paid by DPs on a contractual basis;
3. Facilitate the management of all Health Facilities' personnel through Integrated Payroll and Personnel Information System (IPPIS) for better monitoring.
4. In case of new health facility, to work with MINISANTE and MINECOFIN on the required structure to guide financing and staffing.

6. Criteria and Conditions of placement according to new structures

Pursuant to the Law n° 017/2020 of 07/10/2020 establishing the general statute governing public servants especially in article 40, 41, 42, 70, 80, 83 and 84;

Pursuant to the Presidential order n° 128/01 of 03/12/2020 relating to recruitment of public servants and induction programme especially in article 30 and 31;

Following modalities will guide new placement and recruitment of public servants after publication of Prime Minister's instruction No 001/03 of 01/09/2020 determining Organizational Structure, Salaries and Fringe Benefits for Employees of Referral Hospitals, Provincial Hospitals, District Hospitals, Specialized Hospitals, Medicalized Health Centers and Health Centers:

a) Criteria

The following criteria are respected in the new placement of a public servant:

- 1) Staff with performance contract evaluation score 70% and above of year 2020/2021;
- 2) Staff who meets required job profile as per the attached guidelines;
- 3) This placement concerns only public servants (both clinical and support staff);
- 4) A public servant who is still in probation period on a position that has not changed, will remain in his or her job position pending completion of the probation period and its outcome. After the probation period, his or her confirmation in the position will be subject to a performance score of at least 70%. However, a public servant who is still in probation on a job position that has been removed, changed in terms of job level or job profile and he or she does not meet the new required job profile is suspended from duties and entitled to two thirds (2/3) within the period of six (6) months and thereafter removed from office;
- 5) For clinical staff who have been appointed in the middle of 2021 and are not subject to probation period, and still meet their job profile will be considered for placement;
- 6) For a public servant who was not seconded for an official mission or training during the fiscal year 2020/2021 considered in these criteria as reference for performance, the health facility will consider his/her position as vacant.
- 7) For a public servant who was seconded for an official mission or training during the fiscal year 2020/2021 considered in these criteria as reference for performance, the health facility will consider his or her performance previous evaluation score.
- 8) A public servant whose job position was removed on the new organizational structure, does not meet the new required job profile or his or her job position was upgraded is suspended from duties. He or she is entitled to two thirds (2/3) of his or her salary within a period of six (6) months and thereafter he or she is entitled to terminal benefits in accordance with the Law establishing the General Statute governing public servants if he or she meets the requirements to be entitled to terminal benefits;
- 9) For a job position which was previously held by more than one public servant, if all are qualified, they will be subject to an oral test. Staff with the highest interview score will be placed.

A public servant who scores 70% and above from the interview, who is not placed due to limited number of positions in the same health facility could be placed in another health facility within the same district where there is vacant position at the same level.

A public servant who scores below 70% is suspended in public service. He or she is entitled to two thirds (2/3) of his or her salary within a period of six (6) months and thereafter he

or she is entitled to terminal benefits in accordance with the Law establishing the General Statute governing public servants if he or she meets the requirements to be entitled to terminal benefits.

7. Faith-based organizations

These guidelines shall not deviate from agreements signed between the Government of Rwanda represented by the Ministry of Health and faith-based organizations or national non-governmental organizations owning subsidized health facilities.

Particular emphasis will therefore be placed on articles 4, 7, 8, 9, 10, 11, 15, 20, 21, 22, 23 and 25 of the above-mentioned agreements.

8. Placement panel

In collaboration with the Ministry of Health, the Mayor of District establishes a placement panel of at least three (4) managers chaired by the Director General of Hospital in its catchment area for support staff. Clinical staff remains under Ministry of Health responsibility.

The role of the placement panel is:

- 1) To consolidate the performance contract evaluation score of the fiscal year 2020/2021
- 2) To submit a proposal of placement report to the Minister and Mayor of District who appointed the members of the panel for approval before implementation. The report must include a list of public servants to be placed, those not to be placed and remaining vacant positions on the new organizational structures.

9. Acting of positions

Pending completion of placement and recruitment process for some vacant positions, the Mayor of the District may appoint an acting staff to ensure continuity of service.

10. Recruitment for vacant positions after placement of public servant

To fill the structure, progressive staffing will be applied as provided by the point 3 of this implementation guidelines.

11. Suspension from duties of public servants in managerial positions

A public servant on a managerial position, whose job position has been removed from the organizational structure can be placed on another position if he/she meets required job profile.

12. Appeal

A public servant who is unsatisfied with the outcome of placement process, may appeal in the first instance to the Mayor of the District. In case he or she is not satisfied by the decision taken on his or her appeal or when he or she was not given response, may appeal in the second instance to the National Public Service Commission in accordance with the law establishing general statute governing public servants.

13. Final provision

For anything which is not explicitly provided for in these guidelines, the Law N° 017/2020 of 7/10/2020 establishing the general statute governing public servants, the Presidential order N° 128/01 of 03/12/2020 relating to recruitment of public servants and induction programme as well as the Ministerial Instructions No.01 of 21/08/2020 determining modalities for new placement and recruitment of public servants after 2020 rationalization of public institutions, will be followed.

14. Monitoring and Evaluation

A joint team (MINECOFIN, MOH and MIFOTRA) shall be established to monitor the implementation of the Prime Minister's instruction No 001/03 of 01/09/2020 determining Organizational Structure, Salaries and Fringe Benefits for Employees of Referral Hospitals, Provincial Hospitals, District Hospitals, , Specialized Hospitals, Medicalized Health Centers and Health Centers.

The joint team shall have the following responsibilities;

1. Meet on annual basis during the planning and budgeting process (February) to discuss and propose Health Facilities staffing plan and funding structure for the coming year;
2. Provide and submit to the Minister in charge of Health, recommendations on issues concerning the implementation of organizational structures for informed decision-making.

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